

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 10  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Physician Assistants Political Action Committee (PA PAC)**

Full Name (Last, First, Middle Initial)

**A. Natalee A. Chromy**

Mailing Address 6901 W 84th St  
Apt 334

City State Zip Code  
Bloomington MN 55438-1190

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fairview Health Services

Occupation  
physician assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 01 / 2013

**Transaction ID : C2499885**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Kathleen A. Scarbalis**

Mailing Address 11919 Parkside Dr

City State Zip Code  
Fairfax VA 22033-2648

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Children's Center for Cancer and Blood

Occupation  
Physician Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 08 / 2013

**Transaction ID : C2530843**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. James Dale Williamson**

Mailing Address 1407 Augusta Pointe Dr

City State Zip Code  
Ripon CA 95366-9383

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Golden Valley Health Centers

Occupation  
PA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 28 / 2013

**Transaction ID : C2397068**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

375.00

375.00